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PAGE 02/04

PART B - FEE(S) TRANSMITTAL

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Maritza Kild (Depositor's name)
[Signature] (Signature)
March 15, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/633,820	08/04/2003	Brian D. Zelickson	43154.70	7509

TITLE OF INVENTION: DEVICE AND METHOD FOR TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$700 1400	\$0 300	\$700 1700	03/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LACYK, JOHN P	3735	607-101000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BOSTON SCIENTIFIC SCIMED, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☐ A check in the amount of the fee(s) is enclosed.
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

David T. Burse

Date

3/15/06

Typed or printed name

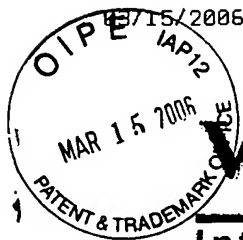
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37,104

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FACSIMILE TRANSMITTAL FORM

TO: M/S: Issue Fee
Commissioner for Patents
Fax No: 571-273-2885
Phone No:

FROM: Maritza Kidd

Fax No: 408-877-1662
Phone No: 408-777-2903

Re: US application No. 10/633,820

Date/Time: March 15, 2006

No. of Pages: 4
(including cover)

Docket No.: BSC/ENC 04-004 (US004)

Note:

I hereby certify that an Issue Fee transmittal with certificate of transmission (1 page); Fee payment by credit card, Form PTO-2038 (1 page); and Fee Address Indication Form PTO/SB/47 (1 page) are being submitted to the United States Patent and Trademark Office on the date shown above. Please confirm receipt via facsimile.

Thank you.


Maritza Kidd